

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10666 (8)**

1. Corporation Name
LEONARD STREET CHURCH OF GOD INC.



Principal Place of Business: **835 LEONARD STREET BROOKSVILLE FL 34601**
Mailing Address: **835 LEONARD STREET BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified: **08/13/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2640204		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent
**DORN, KENNITH
7 KING CIRCLE
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent
81 Name: **Dennis B. Dickerson Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **8080 Spanish Oak Dr.**
83
84 City: **SPRING HILL** FL 85 Zip Code: **34606**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Dennis B. Dickerson Jr.** (Signature, typed or printed name of registered agent and title, if applicable)
Dennis B. Dickerson Jr. (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOUNT, JOEL	
STREET ADDRESS	27275 AUBREY AVE.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BLOUNT, PAMELA V	
STREET ADDRESS	8080 SPANISH OAK DRIVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOUNT, ELMIRA	
STREET ADDRESS	17230 WISCON RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ALBERT	
STREET ADDRESS	23075 JACOBSON RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOUNT, DARLENE	
STREET ADDRESS	27275 AUBREY AVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joel Blount	
1.3 STREET ADDRESS	27275 Aubrey Ave.	
1.4 CITY-ST-ZIP	Brooksville, FL	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela Y. Dickerson	
2.3 STREET ADDRESS	8080 Spanish Oak Dr.	
2.4 CITY-ST-ZIP	Spring Hill, FL 34606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dennis B. Dickerson Jr	
4.3 STREET ADDRESS	8080 Spanish Oak Dr.	
4.4 CITY-ST-ZIP	Spring Hill FL 34606	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ethel Delaine	
5.3 STREET ADDRESS	17007 Wiscon Rd	
5.4 CITY-ST-ZIP	Brooksville FL 34601	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dennis B. Dickerson Jr / Dennis B. Dickerson Jr** 4/29/96 (352) 596-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)